

Managing mental health co-morbidities in hepatitis C: a systematic review of clinical guidelines

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ABSTRACT

BACKGROUND:

Mental health co-morbidities are prevalent in hepatitis C (HCV), and in practice often considered a contraindication for initiation of treatment. A systematic review was conducted to explore whether and how current HCV clinical practice guidelines address pre-existing mental health co-morbidities.

METHODS:

A review of the literature was undertaken to identify guidelines for the management of HCV, published in English, between 2002 and January 2015. Characteristics of the guidelines were recorded and key themes on mental health were summarized across predefined stages in the patient journey (diagnosis, pre-HCV drug therapy, on HCV drug therapy, post-HCV drug therapy, advanced disease or palliative care).

RESULTS:

Twenty-five HCV clinical guidelines were included. Referral to psychiatrist is generally recommended as pre- and in-treatment assessment of mental health co-morbidities but HCV guidelines do not offer explicit instructions on how to manage mental health co-morbidities. Post-treatment assessment of mental health co-morbidities were lacking.

CONCLUSIONS:

Current chronic HCV clinical guidelines are limited in their advice to clinicians regarding the management of mental health co-morbidities.

KEY MESSAGE:

There is an immediate need for clear and accessible clinical guidelines to better support patients with HCV and mental health co-morbidities to successfully initiate and complete antiviral treatment programs.



Methods

Databases:

- MEDLINE (PubMed),
- Embase,
- TRIP databases,
- National Guideline Clearinghouse,
- National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines Portal,
- Australasian Society of HIV Medicine, Guidelines International Network,
- California Department of Public Health,
- Canadian Medical Association,
- National Institute for Health and Care Excellence (NICE), and
- Ministry of Health Singapore.

MeSH terms:

- practice guideline, and
- hepatitis C.

Inclusion Criteria:

- Institute of Medicine's definition of a 'clinical practice guideline':
statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.
 - Based on a systematic literature review,
 - Made by a panel of experts, or
 - provided a level of evidence for their recommendations.
- Full text available in English.

Exclusion Criteria:

- HIV co-infection,
- targeted treatment (e.g. 'boceprevir' and 'telaprevir'),
- one genotype,
- advanced liver disease,
- post transplantation, or
- management of infected health care workers or occupational exposure.

Guideline Selection:

Three authors [TB, LD, DL] reviewed title and abstracts of guidelines independently for relevance and full texts of all guidelines considered relevant were reviewed to determine if they met eligibility criteria.



Results

Target Audience:

- Two guidelines on general practitioners,
- one guideline on nurses,
- one guideline on specialists,
- Nine guidelines did not clearly specify a target audience,
- One guideline was intended for policymakers, government officials, and others working in low- and middle-income countries.

Key Findings:

- Patients with mental health problems and HCV are eligible for treatment,
- however, 11 out of 25 guidelines formulated that major mental health problems were considered a contra-indication.
- The descriptions of mental health contra-indications for treatment varied considerably (e.g. psychiatric disorders, severe mental illness, severe depression).
- Eight guidelines did not mention the need for mental health assessment or intervention, eight discussed mental health to some degree but did not provide recommendations, two provided recommendations, and seven provided evidence based recommendations on the management of mental health.



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Discussion

- Mental health is an important issue at all stages of disease when treating patients with HCV.
- Nonetheless, clinical practice guidelines provide insufficient guidance for the management of mental health problems.
- Of the 25 guidelines we identified, only seven provided evidence based recommendations on the management of mental health problems.
- The recommendations at time of diagnosis were confined to referral to a psychiatrist or monitoring, with limited guidance on how to monitor or manage mental health problems.
- Evidence suggests a range of tools and strategies have been published in mental health literature to support assessment, monitoring and management, however few have been incorporated into current HCV clinical guidelines.
- A recurrent theme across the guidelines was the need for multidisciplinary care. The majority of guidelines recommended that optimal management of hepatitis C requires a multidisciplinary approach. However, what that type of care comprises and how it should be organized is not described.
- Another theme that regularly reappeared in the context multidisciplinary teams and mental health was adherence to therapy. Patients with comorbid medical and psychiatric conditions may be less likely to adhere to antiviral therapy, which may lead to poorer outcomes. Again, no clear guidance was formulated.
- Future research is required to examine what comprises best practice in HCV and mental health management including criteria to indicate the optimal time to initiate anti-depressant treatment, the type of anti-depressants, increased clarity of the language and terms used in the clinical guidelines, and new models of care that address the needs of the population groups.

Professional organisation	Diagnosis	Pre-HCV drug therapy	On HCV drug therapy	Post HCV drug therapy	Advanced disease	Palliative care
AASLD and IDS (21)	-	-	-	-	-	-
AGA (41)	-	-	-	-	-	-
APASL (33)	-	EB REC	EB REC	-	-	-
AHA (22)	REC	REC	REC	-	-	-
ASHM (38)	-	-	-	-	-	-
SBI (40)	-	-	-	-	-	-
CASL (13)	-	EB REC	EB REC	-	-	-
CDC (24)	-	-	-	-	-	-
Chronic Hepatitis Working Group (39)	-	-	-	-	-	-
Department of Veterans Affairs (37)	-	EB REC	EB REC	-	-	-
Dublin Area Hepatitis C Initiative Group (23)	-	-	-	-	-	-
EASL (25, 43)	-	EB REC	EB REC	-	-	-
FASL (46)	-	-	-	-	-	-
AISF, SIMIT, SIMAST (26)	-	-	-	-	-	-
Japan Society of Hepatology (42)	-	REC	REC	-	-	-
KASL (27)	-	EB REC	EB REC	-	-	-
LAASD (29)	-	-	-	-	-	-
NICE (30-32)**	-	-	-	-	-	-
NASPGHAN (28)	-	-	-	-	-	-
PSG (44)	-	-	-	-	-	-
SALT (20)	-	EB REC	EB REC	-	-	-
SIGN (34)	-	EB REC	EB REC	EB REC	-	-
Swedish consensus group (45)	-	-	-	-	-	-
WGO (35)	-	-	-	-	-	-
WHO (36)	-	-	-	-	-	-

-	No comment
REC	Discussed (no recommendation)
REC	Recommendation
EB REC	Evidence based recommendation